APR 1 8 2005 U	iis form, together wi	743 34 5.					
INSTRUCTIONS This form appropriate. All further corre	or Fax				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000		
maintenance fee notifications	3,	· - • ·	(a) aparation of the state of	LICATION FEE (if requ	uired). Blocks 1 through 5 will be mailed to the curres; and/or (b) indicating a se	should be completed when the correspondence address parate "FEE ADDRESS"	
CURRENT CORRESPONDENCE 022844 759 FORD GLOBAL SUITE 600 - PARK		LLC.		have its own certifica	f mailing can only be used his certificate cannot be used al paper, such as an assign to of mailing or transmission retificate of Mailing or Tra- his Foc(s) Transmittal is be-	nent or formal drawing, mi	
ONE PARKLANE BLVD. DEARBORN, MI 48126 04/19/2005 WABDELR3 00000010 061510 09682242				1 hereby earlify that this Fec(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelog addressed to the Mail Stop ISSUE FEE address above, or being facsimitransmitted to the USPTO (703) 746-4000, on the date indicated below. Maria Leos (Depositor's name)			
	0.00 DA 0.00 DA			Ma	18, 2005	(Signature	
APPLICATION NO.	FILING DATE		FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIDAL	
09/682,242	08/09/2001				200-1374 AJL	CONFIRMATION NO.	
TITLE OF INVENTION: HIG	SMALL ENTITY	ISSUEF		PUBLICATION FÉE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	,	\$300	\$1700	07/05/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	1	0110312003	
VO, HIEU T				701-102000			
. Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PTO/SB/47; Rev 03-02 or a Number is required.	n (or "Fee Address" Indica more recent) attached. Use	tion form of a Customer	(2) the name of a registered attorne 2 registered pater listed, no name w	ematively, single firm (having as a by or agent) and the name at attorneys or agents. If till be printed.	member s 2	D. Brehob	
"Fee Address" indication PTO/SB/47; Rev 03-02 or a Number is required. 3. ASSIGNEE NAME AND RI	n (or "Fee Address" Indicate more recent) attached. Use ESIDENCE DATA TO BE	tion form of a Customer PRINTED ON T	(2) the name of a registered attorne 2 registered pater listed, no name w	ematively, single firm (having as a y or agent) and the nam at attorneys or agents. If ill be printed. Or type)	member a 2s of up to no name is 3		
Li "Fee Address" indication PTO/SB/47; Rev 03-02 or of Number is required. 3. ASSIGNEE NAME AND RI PLEASE NOTE: Unless an recordation as set forth in 37	n (or "Fee Address" Indicate more recent) attached. Use ESIDENCE DATA TO BE a assignee is identified bel 7 CFR 3.11. Completion of	tion form of a Customer PRINTED ON T	(2) the name of a registered attorne 2 registered pater listed, no name w	ematively, single firm (having as a y or agent) and the nam at attorneys or agents. If ill be printed. Or type)	member a 2s of up to no name is 3		
Li "Fee Address" indication PTO/SB/47; Rev 03-02 or a Number is required. 3. ASSIGNEE NAME AND RI PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE	n (or "Fee Address" Indica more recent) attached. Use ESIDENCE DATA TO BE a assignee is identified bel 7 CFR 3.11. Completion o	tion form of a Customer E PRINTED ON T low, no assignee of this form is NOT	(2) the name of a registered attorned 2 registered pater listed, no name when PATENT (print data will appear on a substitute for film) (RESIDENCE: (CIT)	ematively, single firm (having as a yor agent) and the name at attorneys or agents. If ill be printed. Or type) the patent. If an assigne ng an assignment. TY and STATE OR COL	member a 2_cs of up to no name is 3_cs is identified below, the c		
Li "Fee Address" indication PTO/SB/47; Rev 03-02 or of Number is required. 3. ASSIGNEE NAME AND RI PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE Ford Global T	n (or "Fee Address" Indicamore recent) attached. Use ESIDENCE DATA TO BE a assignee is identified bel 7 CFR 3.11. Completion of Cechnologies, I	tion form of a Customer E PRINTED ON T low, no assigned of this form is NOT (B) LLC ies (will not be pri	(2) the name of a registered attorned 2 registered attorned 2 registered pater listed, no name when the pater of a substitute for film (as a will appear on a substitute for film) RESIDENCE: (CIT Dearb atted on the patent):	ematively, single firm (having as a yor agent) and the name at attorneys or agents. If ill be printed. Or type) the patent. If an assigna ng an assignment. TY and STATE OR COL Orn, MI	member a 2 es of up to no name is 3 ee is identified below, the o	locument has been filed fo	
I "Fee Address" indication PTO/SB/47; Rev 03-02 or of Number is required. 3. ASSIGNEE NAME AND RI PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE Ford Global Telease check the appropriate assists. The following fee(s) are encoders.	n (or "Fee Address" Indicate more recent) attached. Use ESIDENCE DATA TO BE a assignee as identified belong the completion of the completi	E PRINTED ON T Low, no assignee of this form is NOI (B) LLC ies (will not be printed.)	(2) the name of a registered attorned 2 registered attorned 2 registered pater listed, no name with PATENT (print data will appear on a substitute for film () RESIDENCE: (CIT Dearb and on the putent): Payment of Fee(s): A check in the as	ematively, single firm (having as a yor agent) and the name at attorneys or agents. If ill be printed. Or type) the patent. If an assignment assignment. If and STATE OR COL Orn, MI Individual Co- mount of the fee(s) is ence	member a 2	locument has been filed fo	
Li "Fee Address" indication PTO/SB/47; Rev 03-02 or of Number is required. 3. ASSIGNEE NAME AND RI PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE Ford Global Telease check the appropriate assets. The following fee(s) are enc.	n (or "Fee Address" Indicate more recent) attached. Use ESIDENCE DATA TO BE a assignee as identified belong the completion of the completi	E PRINTED ON T low, no assignee of this form is NOT (B) LLC LES (will not be printed to the p	(2) the name of a registered attorned 2 registered attorned 2 registered pater listed, no name with the PATENT (print data will appear on a substitute for film (PESIDENCE: (CIT Dearb) and on the patent): Payment of Fee(s): A check in the arm Payment by cred	ematively, single firm (having as a yor agent) and the name at attorneys or agents. If ill be printed. Or type) the patent. If an assigna ng an assignment. TY and STATE OR COL Orn, MI Individual Co- mount of the fee(s) is one it card. Form PTO-2038	member a 2	locument has been filed fo	
La "Fee Address" indication PTO/SB/47; Rev 03-02 or of Number is required. 3. ASSIGNEE NAME AND RI PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE Ford Global Tesse check the appropriate assist. The following fee(s) are encoded as the fee Tublication Fee (No small Advance Order - # of Cog. Change in Entity Status (fro	n (or "Fee Address" Indicate more recent) attached. Use ESIDENCE DATA TO BE a assignee as identified belef CFR 3.11. Completion of the com	tion form of a Customer E PRINTED ON T low, no assignee of this form is NOT (B) LLC tess (will not be printed to the printe	or agents OK, an (2) the name of a registered attorned 2 registered pater listed, no name water pater listed, no name water pater listed, no name water pater of a substitute for filing the pater based on the patern): Payment of Fee(s): A check in the and Payment by cred proposit Account Number 1985 (Count Number 1985).	ematively, single firm (having as a your agent) and the name at attorneys or agents. If it is present, and the printed. Or type) the patent. If an assignment assignment. TY and STATE OR COLORN, MI Individual Scorn nount of the fee(s) is ence it card. Form PTO-2038 hereby authorized by chamber	member a 2	oup entity Government credit any overpayment, to opy of this form).	
I "Fee Address" indication PTO/SB/47; Rev 03-02 or of Number is required. 3. ASSIGNEE NAME AND RI PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE Ford Global To the set of the set	n (or "Fee Address" Indicate more recent) attached. Use ESIDENCE DATA TO BE a assignee as identified belong the completion of the completi	tion form of a Customer E PRINTED ON T low, no assignce of this form is NOT (B) LLC ies (will not be pri 4b.	or agents OK, an (2) the name of a registered attorne 2 registered pater listed, no name where PATENT (print fata will appear on a substitute for filin (and on the putent): Payment of Fee(s): A check in the au Payment by cred The Director is Deposit Account Nu D. Applicant is no	ematively, single firm (having as a yo ra spent) and the name at attorneys or agents. If ill be printed. or type) the patent. If an assignate as assignment. If and STATE OR COL orn, MI Individual Co- mount of the fee(s) is enc- it card. Form PTO-2038 hereby authorized by che mber 06-1510	member a 2	oup entity Government Gredit any overpayment, to	
PIO/SB/47; Rev 03-02 or of PIO/SB/47; Rev 03-02 or of PIO/SB/47; Rev 03-02 or of Number is required. 3. ASSIGNEE NAME AND RIPLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE Ford Global Telesse check the appropriate assist. The following fee(s) are encoded by the fee of the picture of the USFTO is recorded to the Director of the USFTO is recorded to the picture of the USFTO is recorded to the picture of the picture of the USFTO is recorded to the picture of the picture	n (or "Fee Address" Indicate more recent) attached. Use ESIDENCE DATA TO BE a assignee as identified belong the completion of the completi	tion form of a Customer E PRINTED ON T low, no assignce of this form is NOT (B) LLC ies (will not be pri 4b.	or agents OK, an (2) the name of a registered attorne 2 registered pater listed, no name where PATENT (print fata will appear on a substitute for filin (and on the putent): Payment of Fee(s): A check in the au Payment by cred The Director is Deposit Account Nu D. Applicant is no	ematively, single firm (having as a yo ra spent) and the name at attorneys or agents. If ill be printed. or type) the patent. If an assignate as assignment. If and STATE OR COL orn, MI Individual Co- mount of the fee(s) is enc- it card. Form PTO-2038 hereby authorized by che mber 06-1510	member a 2	credit any overpayment, to opp of this form). FR 1.27(g)(2). tion identified above, e assignce or other party in	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, U.S. Department of Commissioner for Patents, P.O. Box 1450, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE